

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009513	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/	/	/	51					
2	/	/	/	/	/	/	52					
3	/	/	/	/	/	/	53					
4	/	/	/	/	/	/	54					
5	/	(1)	/	(1)	/	/	55					
6	/	/	/	/	/	/	56					
7	/	/	/	/	/	/	57					
8	/	/	/	/	/	/	58					
9	/	/	/	/	/	/	59					
10	/	/	/	/	/	/	60					
11	/	(1)	/	(1)	/	/	61					
12	/	/	/	/	/	/	62					
13	/	6	/	(1)	/	/	63					
14	/	(1)	/	(1)	/	/	64					
15	/	/	/	/	/	/	65					
16	/	/	/	/	/	/	66					
17	/	6	/	6	/	/	67					
18	/	(1)	/	(1)	/	/	68					
19	/	(1)	/	(1)	/	/	69					
20	/	/	/	/	/	/	70					
21	/	6	/	6	/	/	71					
22	/	(1)	/	(1)	/	/	72					
23	/	(1)	/	(1)	/	/	73					
24	/	/	/	/	/	/	74					
25	/	6	/	6	/	/	75					
26	/	(1)	/	(1)	/	/	76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	20						TOTAL DEP.					
TOTAL CLAIMS	26						TOTAL CLAIMS					